

DRAFT



**STATEMENT OF PROCEEDINGS
FOR THE REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://latchildrenscommission.org>**

Monday, June 6, 2016

10:00 AM

AUDIO FOR THE ENTIRE MEETING. (16-2970)

Attachments: [AUDIO](#)

Present: Commissioner Carol O. Biondi, Commissioner Maria Brenes,
 Commissioner Patricia Curry, Commissioner Wendy Garen,
 Commissioner John Kim, Commissioner Liz Seipel,
 Commissioner Janet Teague, Vice Chair Wendy B. Smith and
 Chair Sunny Kang

Absent: Commissioner Genevra Berger, Commissioner Candace Cooper,
 Commissioner Sydney Kamlager and Vice Chair Jacquelyn
 McCroskey

I. ADMINISTRATIVE MATTERS

1. Call to Order. (16-2717)

Chair Kang called the meeting to order at 10:08 a.m.

2. Introduction of meeting attendees. (16-2718)

Self-introductions were made.

3. Approval of the minutes from the May 16, 2016 meeting. (16-2720)

**On motion of Vice Chair Smith, seconded by Commissioner Seipel
(Commissioners Berger, Brenes, Cooper, Kamlager, and Teague being
absent), this item was approved.**

Attachments: [SUPPORTING DOCUMENT](#)

II. REPORTS

4. Report by Philip L. Browning, Director, Department of Children and Family Services. (16-2721)

(DCFS) reported the following:

- **Budget negotiations are ongoing and include a request for additional staff of approximately 300 Children's Social Workers (CSW) with about 450 accompanying staff. Along with this request a standard letter for "unmet needs" was also submitted. With these requests, caseloads for each CSW is expected to decrease to 15 cases;**
- **Over the past two and a half years approximately 1600 CSW's were hired, an additional 200 CSWs, with 100 Master of Social Worker (MSW) level CSWs are expected to join the Department after their graduation;**
- **Twelve (12) to eighteen (18) months ago caseloads were at 35 per CSW, now the caseloads have decreased to less than 20 to 24 per CSW;**
- **Within the last three to four years, additional progress has been made through automation, particularly with mobile applications and progress is ongoing;**
- **The Childcare Bridge Program is expected to be funded at the "direct service need level" and not at the requested amount of \$22 million; Additional funding will be provided for services to commercially sex trafficked children; and**
- **AB 403 (Stone), legislation that would provide for the reclassification of treatment facilities and the transition from the use of group homes for children in foster care to the use of short term residential treatment centers will take in effect January 1, 2017;**

In response to questions posed by the Commission, Mr. Browning informed that a thorough analysis was conducted on "non-case carrying social workers." There are a number of staff who carry the title "social worker" but do not work in the areas of Hotline Operators, Emergency Responders, Continuing Services, or Adoptions. Mr. Browning further informed that 4,000 staff do carry a caseload.

He added that for every 300 social workers there are 150 support staff that includes Human Services Aids (HSAs), clerical support, supervisors and ARAs. Due to the hiring of many individuals in a short period of

time, there is a need for office space. Additionally, the attrition rate is 12% to 14%, although high, it is still less than surrounding jurisdictions. Mr. Browning relayed that the department looks at attrition in different ways: staff who have been with the department a year, particularly the social workers, and the number of social workers who have been hired, how many social workers, who went to each office, and how many who have left to a specific office. This information is compiled and conveyed to the union at least once a month per agreement. This information can be provided to the Commission upon request.

The Commission commended the Department of Children and Family Services for their continued growth and progress.

Chair Kang called up Agenda Item No. 7 for discussion to provide Dr. Kay additional time to prepare for her presentation.

III. PRESENTATIONS

5. Mental Health Services Act (MHSA) and Services for Children and Transitional Age Youth

• Robin Kay, Ph.D., Department of Mental Health, Acting Director (16-2722)

Dr. Robin Kay, Acting Director, Department of Mental Health (DMH), presented the following updates on the Mental Health Services Act (MHSA) and reviewed the supporting documentation:

- **Proposition 63 was passed in November 2004; It implemented a 1% income tax on individuals making more than \$1 million;**
- **It requires a stakeholder process to provide input on programs for those who are unserved, underserved or inappropriately served;**
- **The MHSA requires Auditor Controller, Department Heads, and the Board to adopt the final plan; and**
- **MHSA requires dedicated funding for five (5) program categories.**
 - o **Community Services & Supports (CSS)**
 - o **Prevention and Early Intervention (PEI)**
 - o **Innovations (INN)**
 - o **Workforce, Education & Training (WET)**

o Capital Facilities & Technology (Cap/IT)

Dr. Kay further presented Fiscal Year 2014 15 data on services to children (ages 0 15 and TAY, ages 16 25):

- Full Service Partnership (FSP)**
 - o Served 2,265 children. Of the priority population in FSP, children 0 5 are slightly underrepresented in the number DMH serves, but this is changing, with increasing education and training on the needs of these children.**

In response to questions posed by the Commission, Dr. Kay indicated that there is no waiting list at this time and explained some circumstances where families are asked to be on the list. Dr. Kay added that the data presented reflects DCFS only and DMH will get back to the Commission regarding Probation s data.

Dr. Kay discussed the child FSP outcomes:

- DMH typically looks at the number of days a child has been in certain circumstances, such as homeless or incarcerated, and then looks at the difference between the number of children pre and post enrollment that are homeless, incarcerated, hospitalized, etc.;**
- If homeless or hospitalized, FSP is reducing days spent in those circumstances and moving them into housing and the community more rapidly. If they are incarcerated, FSP is getting them out faster;**
- There is a reduction in the number of children hospitalized post partnership; and**

There is a significant increase in the number of children in juvenile hall post partnership. DMH is trying to determine the cause.

In response to questions posed by the Commission, Dr. Kay noted the following:

- FSP is the name of a mental health program. It has prioritized children in DCFS and Probation. The defining criteria is that children need to have a mental health need and to meet CSS criteria, they have to be seriously mentally ill.**

Dr. Kay discussed other programs within CSS:

- **Intensive Field Capable Clinical Services (IFCCS); and**
- **Field Capable Clinical Services (FSSC);**
 - o **Children are served in school settings and in Probation camps; a large portion of services are delivered in homes through FCCS; and**
 - o **DMH started an IFCCS pilot last year for DCFS supervised children who were being released from very high levels of care and were moving around within the County. IFCCS programs were charged with following these children no matter where they were placed in the County. It was very successful. Last year, DMH had capacity to serve 100 children. Through the stakeholder process, it was elected to increase the capacity to 1,000 slots over the course of the coming year. The Katie A. Panel loves this program. The program is delivered by highly trained staff. Contract amendments should be completed by the end of June 2016.**

In response to questions posed by the Commission, Dr. Kay stated that DMH is amending contracts in two (2) phases and has reserved some funding. Phase I is to look at the utilization of IFCCS in each SPA; it is an investment across the County. Phase II will dedicate funding to those SPAs where greater need has been determined. In addition, Dr. Kay confirmed that services begin when a Children's Social Worker and DMH staff person identify a child needing intensive services. These services could be delivered to children in transitional shelter care as well.

Dr. Kay provided data on MHSA funds spent on children with open DCFS cases for calendar year 2015 and Fiscal Year 2014 15. She explained that the data are actual numbers based on a data match and only reflects DCFS supervised children. She noted that MHSA funded DMH wraparound in addition to the wraparound that is administered by DCFS and saw 1,003 children served. Dr. Kay clarified that the PEI data includes the total number of all kids. Greg Lecklitner, DMH, confirmed that 7,400 of the total children served are DCFS children, averaging \$4,168 per child with the total cost of \$31 million.

In response to questions posed by the Commission, Dr. Kay confirmed that the wraparound is 100% funded by MHSA, but the gross cost is a

combination of MHSA and Federal financial participation. Dr. Kay also explained that that all slots were used and will report back to the Commission regarding the percentage of MHSA and federal dollars.

Dr. Kay presented MHSA services for TAY under CSS:

- **FSP – There is a slightly different priority population. It has served 1,774 TAY in FY 2014 15 with the total of \$20 million. There were great outcomes from the TAY FSP program and aligned FSP programs with Independent Living Programs (ILP). DMH worked with the Commission previously to address concerns about the strength of services to those in the ILP; they now have FSP services delivered to children in the ILP in order to strengthen the service delivery component. Eighty four percent (84%) of surveyed TAY clients were satisfied.**
- **TAY FSP Outcomes –There was a reduction in the number of days homeless, hospitalized, and in juvenile halls/jail, and an increase in days living independently post joining FSP; and**
- **TAY FSP Employment Outcomes – Employment and education are important for all children and youth; MHSA has been focusing on this largely with TAY. During the course of the coming year, DMH is implementing a new TAY employment pilot to focus on employment outcomes for youth. There was an increase in days spent in competitive employment, non-paid employment, other gainful employment, and supportive employment, and a decrease in transitional employment.**
- **FCCS Served approximately 2,760 TAY**
 - o **TAY Drop-In Centers – High tolerance entry points mostly for homeless TAY where they can have their basic needs met, such as food, clothing and shelter.**
 - o **Served 935 TAY in FY 2014 15. Currently have three (3) centers: Pacific Clinic, The LA Gay and Lesbian Center, and Step Up. There will be an increase to 8 (eight) centers next year one in each service planning area;**
 - o **Enhanced Emergency Shelter Program – For TAY that are homeless. Higher level of supervision and linkage with other needed services;**
 - o **Project based operating subsidies for Permanent Housing – A**

number of buildings of permanent housing were constructed. Some specialized in services to TAY. There are a couple of TAY focused housing buildings and DMH was using project based operating subsidies to provide extra supervision to TAY in those units;

- o Probation Camps – Served 873 youth. Provided an array of services. Some of the camps focus on introduction of evidence based practices, such as aggression replacement therapy, dialectical behavior therapy, and seeking safety. In some of the camps, kids are indoctrinating the new arrivals by advising them to approach DMH staff to enroll in these programs.

In response to questions posed by the Commission, Dr. Kay confirmed that there are youth being prescribed medication. She explained that for youth that arrive with prescriptions, their medication will continue, however, they will have a medication re-evaluation. Those arriving without medication will be evaluated for the first time. Dr. Kay further explained that when youth leave Probation halls/camps and have been prescribed medication, the prescribing doctor will provide the family with information about the use of medication, the importance of medication and follow up regarding any medication issues when they are back with their families.

In regards to behavioral programs required in the camps, Dr. Kay stated that she will need to explore and report back to the Commission.

Dr. Kay confirmed that there are approximately 1,000 permanent housing units and more coming, and noted that not all of the buildings are open yet. Dr. Kay mentioned that the TAY age goes up to 25 and the data does not tell us how many TAYs are in the adult units that are over 18. She will report back to the Commission.

Dr. Kay presented the following on the MHSA Services for Children and TAY, Innovations 2:

- There will be a new Innovations program next year focused on trauma, community resilience and sustainability:
 - o Stakeholder groups for each age group (children 0 5, school age children, TAY, adults, older adults, and cross generational groups) designed programs to address their identified priority areas of focus;

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- o The group for children ages 0 5 elected to focus on children who had experienced trauma and were often expelled from head start programs and preschool programs because their behavior is challenging for the preschool personnel;
 - o DMH would like to work with community based organizations that can teach a screening process for trauma to the head start programs, preschool programs, faith based community programs, mommy and me programs, and etc. so that they can identify trauma, provide information on where to refer the child for treatment and build trauma informed programs;
 - o The hope is that preschool settings with those skills will build a community capacity to identify young children who are the victims of trauma and also the ability of teachers and personnel to work with those kids.
 - o Same for school age children, just a variation of theme.

Dr. Kay referred to the PEI Evidence Based Practices Matrix attachment for the list of programs.

Chair Kang advised Commissioners to forward any additional questions to Executive Director, Tamara N. Hunter, MSW.

Attachments: [SUPPORTING DOCUMENT](#)

6. Updates from the Department of Children and Family Services (DCFS) Chief Deputy Director
- Brandon Nichols, DCFS, Chief Deputy Director (16-2723)

Brandon Nichols, Chief Deputy Director, Department of Children and Family Services, used the opportunity as a “meet and greet” and provided an overview of his past, present and future employment accomplishments and goals. Mr. Nichols’ priorities are:

- To assist Director Browning in implementing his vision by taking on day to day operations to improve the department’s functioning;
- Implementation of Katie A. Mental Health Services Core Practice Model;
- Implementation of the Resource Family Approval (RFA) process;

- **Supporting and retaining line staff;**

Mr. Nichols extended his appreciation for the Commission and welcomed any future ideas and discussions.

IV. DISCUSSION

- 7. Assembly Bill 2442-Density Bonuses for Transitional Age Youth**
- Commissioner Garen, Chair, Legislative Committee
 - Susan Flaming, Advocate (16-2724)

Commissioner Garen introduced this item. Susan Flaming and Jeannette Mann, Advocates, All Saints Church Foster Care Project in Pasadena provided an overview of Assembly Bill 2442 (AB2442) and reported the following:

- **Last year a developer proposed to build affordable housing units in the city of Pasadena that would include units for foster care and other low income/senior units; however, the developer decided to forgo the plan due to a strict legal definition on the current Density Bonus laws implemented by city the of Pasadena's Planning Department;**
- **The particular building in the proposal was a former college dormitory that was already deemed to be affordable housing. In order for the developer to qualify for Density Bonuses all 200 units would have to be converted into affordable housing units, a plan the developer did not agree with and he decided to convert the property into regular housing units;**
- **This led the advocates to research different bills and possible solutions;**
- **AB 2222 is a bill that was passed in 2014 and allows Multi Density Bonuses for developers who create affordable housing; however, the bill did not identify affordable housing for transition age foster youth (TAY) and there is a severe need of affordable housing for this population;**
- **Ms. Flaming and Ms. Mann, along with other advocates worked in collaboration with Assembly Member Chris Holden to author and introduce AB 2442, a bill supporting housing for TAY and incentives for developers who created housing for TAY. The bill would identify individuals by status and not income and was passed by the California Assembly and it is now in the California Senate;**

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- A meeting to notify Supervisor Michael D. Antonovich, Fifth District, of AB 2442 was held. Supervisor Antonovich was impressed with the bill and submitted a letter of support. A Board Motion submitted by Supervisor Michael D. Antonovich in support of the bill is on the June 8, 2016 agenda for the Board of Supervisors meeting; and
 - Ms. Mann encouraged the Commission to send letters in support of AB 2442 to the Senate and to the Los Angeles County Board of Supervisors.

Commissioner Curry thanked the representatives for their advocacy, labor and support for the TAY population.

Vice Chair Smith thanked the representatives and is in support of the AB 2442, re iterated the importance of placing affordable housing units in areas neighboring schools.

In response to questions posed by the Commission, Ms. Mann responded with the following:

- There were no objections from the League of Cities; however, their concerns were addressed and AB 2442 was amended;
- There are no monetary amounts projected or associated with the bill; unaware of the reasons the bill is going before the Senate Appropriations Committee;
- There are no projected housing units; however, the hope is to increase affordable housing units; and
- There are no known results of AB 2222; however, there was no opposition to the bill and the only known issue is that the city of Pasadena added a clause that states that if an affordable housing unit is demolished, the new establishment must match each unit built with an affordable unit;

Commissioner Garen reported that the Legislative Committee's recommendation is that the Commission refrain from taking a position until a process on bills has been developed. In addition, she added that the Commission is prohibited from sending a letter to the Board prior to their adoption of a position.

Commissioner Biondi clarified that the Commission can recommend the Board take positions on legislation and due to limited timeframes it is critical that recommendations be done in a timely manner. Commissioner Biondi asked when the Legislative Committee's protocol would be shared with and voted on by the Commission. Commissioner Garen indicated that a protocol would not be established within the next couple of days, but is forthcoming.

Chair Kang clarified that the Commission's action towards the bill will be dependent on the position taken by the Board.

Commissioner Curry requested that the action for the bill be placed on the June 20, 2016 Commission meeting agenda. Chair Kang will be working in collaboration with the Executive Committee to establish the steps to accomplish the action needed for the bill.

Attachments: [SUPPORTING DOCUMENT](#)

V. MISCELLANEOUS

8. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (16-2725)

There were no matters presented.

9. Opportunity for members of the public to address the Commission on item(s) of interest that are within the jurisdiction of the Commission. (16-2726)

The following Members of the Public addressed the Commission:

- **Robert Walker shared that he has been dealing with a case since he left his son's mother due to her diagnosis of Bipolar Schizoaffective Disorder with Intermittent Explosive Disorder. He also has Bipolar Disorder. Mr. Walker has been receiving training and services with DMH. The judge ordered DCFS staff to assist him with immediate housing. He is trying to do everything possible to make things better for his son and himself. He reported being upset about his situation and having written numerous letters and reports. Mr. Browning referred Mr. Walker to Aldo Marin, DCFS.**
- **Ashley Garcia shared that her twins were placed in DCFS' care in 2013 due to a false positive drug test. She was retested at a different hospital with negative results, but the results were never submitted to**

the Court. Because of the initial drug test, her parental rights were terminated in April 2016. Her children are now placed for adoption and her family has not been considered. Mr. Browning referred Ms. Garcia to Aldo Marin, DCFS.

- Denise Garcia, mother of Ashley Garcia, shared that when the twins were going to be detained, she and her husband requested the children be placed in their care. Her husband had a criminal record and the required documentation was not submitted timely and the children were not placed in her care. The children were detained again July 15, 2015. Ms. Garcia again requested to be considered as a relative caregiver and made numerous attempts to contact the social worker. The judge denied placement without stating a reason. Mr. Browning referred Ms. Garcia to Mr. Marin.
- Arroyo Snow stated that she was not given a fair chance to show that she can take care of her children. She indicated that she completed all required classes and has a place to live; however, her parental rights were terminated on May 30, 2016. Ms. Snow indicated that the social worker helped her get into a shelter and she has been fighting for her kids for a long time. Mr. Browning referred Ms. Snow to Mr. Marin.
- Hani Yasin reported that she is a former foster youth and a domestic violence survivor. Ms. Yasin indicated that DCFS detained her three (3) children 10 days after she entered a domestic violence shelter. She indicated that she was issued a court date for six (6) days later and stated that her attorney did not explain her rights or what to expect. Her attorney advised her to go to another shelter that would accept her children; however, was told that her children would not be returned for two (2) months. Her social worker recommended obtaining a restraining order against her husband. She complied, yet, her children were still not returned to her. Ms. Yasin indicated that her children were placed in the care of her husband's family. It has been four (4) months and she has not received any information. Ms. Yasin was referred to Mr. Marin.

10. Adjournment. (16-2727)

The meeting adjourned at 11:59 a.m.